

HOLLAND COUNTY COUNCIL

LINCOLNSHIRE.

ANNUAL REPORT

ON THE

County Health Services

PART 1.

REPORT

OF THE

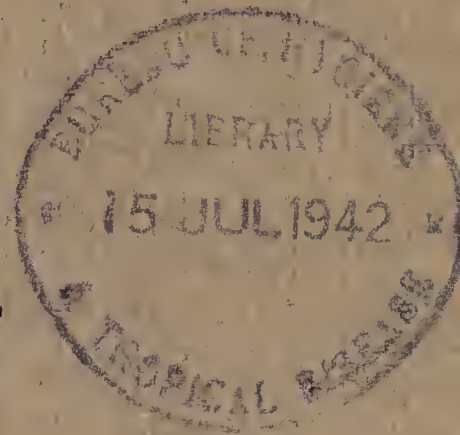
School Medical Officer

BY

W. G. BOOTH.

M.D., D.P.H.

1941.



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Mr. Chairman, Ladies and Gentlemen,

The school medical report for 1941 is mainly confined to statistical matter in view of war-time requirements. The lack of background to these figures is unfortunate as the constant struggle to keep the services to a reasonable standard of efficiency in face of war-time difficulties has provided an interesting study in the public appreciation of the school medical services. We have been more fortunate than might have been anticipated and the health of the children remains good. The services have to some degree expanded, thanks to the help of the evacuation service, though this will not continue. Milk is being supplied to almost every school, a rural British Restaurant has been established, a physical training scheme has come into being, the vermin problem is being faced, the orthopædic remedial service has expanded, the problem of the abnormal and difficult child is being seriously considered, and the Council has been undertaking a great deal of its own tonsil and adenoid work at the Holbeach and District Emergency Hospital. I should like to take this opportunity of expressing my appreciation of the co-operation always so willingly extended to me in the difficulties of war-time administration by the Director of Education; his advice and interest have been of inestimable value to the School Medical Service work. May I also take this opportunity of expressing my appreciation of the work of your staff, the doctors, the dentists, and the school nurses, who have all worked well in this important sphere of national welfare.

I am,

Your obedient Servant,

W. G. BOOTH.

SCHOOL MEDICAL SERVICE SUB-COMMITTEE
1941.

Chairman :

Councillor A. E. REEVES.

Ex-Officio :

Alderman SIR JOHN GLEED, M.A., D.L., J.P.

Alderman T. KITWOOD, J.P.

Alderman W. A. ATTON	Mr. L. J. DRIVER
„ E. RICHARDSON	Mrs. W. F. HOWARD
Councillor R. LEGGOTT	Mr. H. H. MORRIS
„ P. LOUGHLIN	Rev. Canon B. G. NICHOLAS
„ T. WARRICK	Rev. H. SPENDELOW
„ E. WRISDALE	Miss E. A. SWAIN.
Mr. J. F. ALEXANDER	

It is recorded with regret that Aldermen W. A. Atton and E. Richardson have died since the close of the year under review in this report.

REPORT.

STATISTICS RELATED TO MEDICAL INSPECTION.

Area of County 267,936 acres

Population of Administrative County (1931 Census) ... 92,313

Population of Administrative County (estimated mid-year) 95,910

Number of School Departments:—

Provided	...	...	...	...	50
Non-Provided	...	...	...	...	38
					<hr/>
					88
					<hr/>

Number of Children on Books (31st December, 1941) 10,084

Average attendance year ending 31st December, 1941) 8,887

No. of School Attendance Officers on 31/12/1941 ... 6

Cost of School Medical Inspection for year ended December 31st, 1941 :—

	£	s.	d.
Gross Payments	8,871	0	2
Receipts	1,592	9	6
	<hr/>		
Net Expenditure	7,278	10	8
	<hr/>		

Grant from Board of Education for year ending 31st December, 1941 £4,592 15 2

General Education Rate, Financial Year, 1940-41 (Elementary) 4s. 0d.

Medical Inspection Rate 3d. (approx.)

Product of 1d. Rate for Education Purposes for Financial year 1940-41 £892

1. STAFF OF SCHOOL MEDICAL SERVICE, 1941.

School Medical Officer :

W. G. BOOTH, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer :

J. FIELDING, M.D., Ch.B., D.P.H.

Assistant School Medical Officers :

C. W. DIXON, M.D., B.S., D.C.H., D.L.O., D.P.H.

A. C. GEE, M.R.C.S., L.R.C.P., D.P.H.

IRIS M. CULLUM, M.D., B.S., D.P.H.

Orthopædic Surgeon :

R. E. M. PILCHER, F.R.C.S.

School Dental Officers :

C. A. JOHNSTON, L.D.S. (Edin.).

A. D. HENDERSON, L.D.S. (Edin.), D.P.D.

Consulting Ophthalmic Surgeon :

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

Aural Surgeon (Part Time) :

J. J. RAINFORTH, F.R.C.S. (Eng.).

School Nurses :

Miss A. D. BLACK

Miss A. Q. LINNELL

Miss E. ENSOR

Miss M. J. ROBERTS

Miss E. HALLWORTH

Miss H. E. SPENCER

Miss E. M. HOWARTH

Miss M. WIGBY

Miss H. M. LEWIS

Orthopædic Nurse :

Miss A. BOYD.

Dental Nurses :

Miss M. SIMPSON

Miss J. M. STARKEY

Chief Clerk :

W. INGRAM.

The following have been employed in a temporary capacity :—

J. S. Burns, M.R.C.S., L.R.C.P., Asst. School Medical Officer (left 14/8/1941).

E. Steed, M.B., Ch.B., Asst. School Medical Officer (left 30/11/1941).

R. Ismail, F.R.C.S., Asst. School Medical Officer (left 5/1/1942).

N. Gerson, L.D.S., Temporary School Dentist in the place of Mr. A. D. Henderson (on War Service).

Miss J. D. Oswald, L.D.S., Temporary School Dentist (left 31/8/1941).

O. R. Vignale, L.D.S., (commenced 22/9/1941).

Miss H. Greenaway, Temporary School Dental attendant (commenced 3/3/1941).

Miss N. Woollatt, School Nurse (transferred by London County Council).

Miss M. W. Symes, Temporary School Nurse.

Miss E. M. Cook, Temporary Orthopædic Nurse.

II.—Co-ordination.

Adequate co-ordination exists as the control of all the County Medical Services is in the hands of the County Medical Officer.

III.—Medical Inspection.

In the Elementary Schools, it has been possible to continue the examination of the routine age groups, namely, Entrants, Intermediates and Leavers; also of special cases referred by head teachers or parents. There was a small decrease in the number of children examined in the routine age groups, the number being 3,019. Special examinations and re-inspections numbered 3,453.

IV.—School Hygiene.

Routine reports on the sanitary conditions of the schools and in the condition of air raid shelters were made by the Assistant School Medical Officers in the course of their visits to schools, and the defects found have been remedied in so far as circumstances permit.

The use of paper towels at certain of the schools has been temporarily discontinued, but will be revived at the earliest opportunity.

V.—Findings of Medical Inspection.

The statistical tables in their present form do not make it possible to give a detailed list of the number and nature of the defects found, but an examination of the nutritional classification (see Table II) shows little change from the figures for 1940, which may be considered satisfactory. Scabies and Impetigo have been prevalent, but the number of such cases is diminishing.

VI.—Treatment.

Normal facilities for treatment have been available throughout the year; this is shown in more detail in the following subsections:—

Minor Ailments.

The major part of the treatment for minor ailments is given at the established clinics, but treatment is also given at the schools and in the homes if necessary. 2,171 cases were dealt with during the year. The number of attendances at the clinics at Spalding, Donington, Holbeach and Swineshead was 7,370. A large number of following-up visits to homes and schools was paid by the School Nurses.

Dental Service.

The school dental service was continued on the same lines as in the previous year. Mr. Gerson working at the Boston Clinic and in the rural schools around Boston, Miss Oswald at the Spalding Clinic, and Mr. Johnson taking the travelling dental clinic to outlying schools. Miss Oswald left at the end of August to take up a permanent appointment and her place was taken in September by Mr. O. R. Vignale.

Mr. N. Gerson reports on the work of the northern part of the County as follows:—

“I beg to submit my report on the School Dental Service for the year ended 31/12/41. During the past year a great deal of work has been covered in every way. It is very gratifying to see that more children have been inspected in the schools. The examination of 4,391 children in the North of the County comprises all schools under my care in that area. In a majority of schools every child has had a dental examination *twice* within the year and it is my future aim to inspect all schools every six months. In this way signs of early dental caries appearing as pin-hole cavities in teeth can easily be checked and eradicated by conservative treatment particularly when the permanent teeth are affected. On the whole the condition of mouths of children has considerably improved since my earlier survey in the year 1940, a fact which is explained by the continuous care and attention given them quite apart from their inability of procuring cheap sweets in war-time.

“With the adoption of the Wholemeal Loaf it cannot be emphasised too strongly that one of the most powerful causes of diseases of the gums and teeth is the sticky stagnation of masses of pultaceous carbohydrates which remain adherent to the teeth. White Flour is the commonest form, and is undoubtedly productive of much of the dental disease in all classes of the population. Self-cleansing foods, among which is included the fibrous Wholemeal Loaf, *do not promote disease*.

“Hence we may look forward to the benefits accruing through its use next year, particularly by our children, with hopes of a decline of dental decay. The number of children referred for treatment amounted to 2,585 out of a total of 4,391 examined, thus giving a high percentage of 41 healthy mouths, an increase of 10% of sound children in 1940.

“Last September the Dental Trailer was brought into use again, the sole purpose being to economise in consumption of petrol used by the Ambulances conveying children to the clinic.

“Gas Sessions are still held at the Centre as anæsthetics cannot be effectively administered in the trailer. There are still far too many parents who continually refuse to allow their children to attend the School Clinics offering the excuses of taking their children elsewhere or words to that effect. I am sure with the wholehearted co-operation of parents the 40% of ‘REFUSALS’ could easily be reduced.

“I am very happy to report that the children and adults in the Sanatorium have all had continuous dental treatment during the past year and this has proved very helpful in conjunction with their medical treatment.

“In conclusion, may I take this opportunity of thanking the Medical Officer of Health, Anæsthetists, Dental Nurses, Head Teachers, Staffs of the various Schools, the Office Staff, the Voluntary Ambulance Drivers, and all those whose co-operation has been so helpful during the year.”

	1940	1941
Children inspected	1,227	4,391
Found to require treatment	859	1,799
Treatment—No. of Sessions	135	155
Number of attendances made by children	1,493	1,499
Number of extractions (Permanent Teeth)	345	677
Number of extractions Temporary Teeth)	999	3,127
Number of Fillings (Permanent Teeth)	280	382
Number of Fillings (Temporary Teeth)	89	71
Number of other Operations	168	298
Number of Administrations of General Anæsthetics	169	808

Orthopædic Scheme.

Thirty-one Orthopædic Clinics were held at the Centres at Boston, Spalding and Holbeach. During 1941, 152 children were seen at the clinics and the number of attendances made was 296.

The following table shews the classification of cases according to the nature of the disease.

Tuberculosis (Surgical).

Tubercular glands of neck	...	...	...	18
Tuberculosis of bones or joints	...	...	...	8
Observation cases	...	...	...	4

Non-Tuberculous Conditions.

Postural deformities of spine	...	...	...	10
Rachitic deformities	...	...	...	10
Paralytic deformities	...	...	...	3
Congenital deformities of foot	...	...	...	19
Torticollis	...	...	...	2
Spina Bifida	...	...	...	1
Congenital dislocation of hip	...	...	...	4
Perthe's disease	...	...	...	2
Hallux valgus, hammer toes, etc.	...	...	...	4
Osteomyelitis	...	...	...	3
Hernia	...	...	...	2
Poliomyelitis	...	...	...	8
Flat feet	...	...	...	6
Fractures	...	...	...	2
Osgood Schlatter's disease	...	...	...	1
Undescended testes	...	...	...	11
Cervical adenitis	...	...	...	4
Webbed fingers	...	...	...	1
Other conditions	...	...	...	29

29 cases received in-patient treatment. Other cases requiring special treatment were dealt with at out-patient clinics or in their own homes by the Orthopædic nurses.

Defective Vision.

The number of cases referred to the Eye Clinics appears to be increasing, as also are the attendances. In order to keep pace with the increasing number desiring treatment, it seems as though it will be necessary to hold more frequent clinics in Spalding and Boston.

Most of the parents co-operate quite well when they understand the necessity for treatment. There are, however, a few cases where the parents never attend with their children and refuse to allow them to wear glasses, or, in some cases, to be examined. Such behaviour is very detrimental to the eyesight of the children, and is frequently a cause of blindness in one eye, which is a serious handi-

cap in later life. It has been necessary to refer a few such cases to the N.S.P.C.C.

Some delay has been experienced in obtaining glasses and occluder due to war conditions, and there seems little likelihood of this improving.

It is a pleasure to acknowledge the great help given by Mr. Briggs in dealing with difficult cases.

Clinics for the treatment of visual defects were held regularly at Boston, Spalding, Holbeach and Long Sutton, the number of these clinics being 108. 44 special cases requiring treatment were referred to the Consultant, Mr. Briggs.

The number of children living in the County who were examined during the year was 652, and the total number of attendances was 1917.

Repairs and renewals have been carried out as required.

The following is the list of defects found:—

Hypermetropia	...	...	...	...	...	289
Myopia and Myopic Astigmatism	...	...	...	...	...	267
Mixed Astigmatism	...	...	...	...	...	93
Convergent squint	...	...	...	...	...	114
Divergent squint	...	...	...	...	...	8
Ptosis	...	...	...	...	...	4
Cataract	...	...	...	...	...	2
Conjunctivitis	...	...	...	...	...	8
Blepharitis	...	...	...	...	...	10
Nystagmus	...	...	...	...	...	2
Keratitis	...	...	...	...	...	5
Dacrocystitis	...	...	...	...	...	1
Epiphora	...	...	...	...	...	1
Others	...	...	...	...	...	14

Tonsils and Adenoids.

293 cases received operative treatment under the Authority's scheme during the year, and 10 received other forms of treatment.

In June, 1941, the Board of Education recognised Dr. C. W. Dixon as an ear, nose and throat surgeon for the operative treatment of diseases of the tonsils and adenoids. This enabled a long

waiting list to be cleared up by utilising the facilities at the Holbeach Emergency Hospital, and operative treatment had been provided for 144 cases up to 31st December, 1941. Children were admitted on the morning of the day before operation and were discharged on the third day after operation. Where the home conditions were not satisfactory, cases were retained at Holbeach for 6 days. Post operative chest complications in hospital have been nil and no such complications have been reported by the School Nurses.

Defective Hearing and Ear Diseases.

Six cases were referred to the Consultant under the prevention of deafness arrangements and the prescribed treatment was carried out.

Nutrition.

The tables at the end of this report classify the children in three groups. 93.2% are classified as of normal or excellent nutrition.

Tuberculosis.

335 attendances were made by school children at the various dispensaries in the County. 14 cases received in-patient treatment during the year.

Uncleanliness.

During the year 44,568 examinations of children were made by the Authority's nurses. This represents 6 inspections at each school during the year. The number of children affected by pediculosis was 807 which is an improvement on the previous year.

VII.—Infectious Diseases.

School Closure.

It was not necessary to close any school during the year, but 64 certificates were given in respect of schools where the attendance had fallen below 60 per cent. owing to epidemic illness.

Diphtheria Immunisation.

Arrangements have now been made whereby consents are obtained by Head Teachers and children are immunised when routine medical inspections are carried out at the schools. Parents have every opportunity therefore of having their children protected against diphtheria either at the Welfare Centres or at least once a year during school life. It is estimated that approximately 70%

of the child population in the County has been immunised. 892 school children were immunised during the year.

VIII.—Physical Education.

I am indebted to Mr. A. J. Mackay, Organiser of Physical Training for the following report regarding the progress of Physical Education in this County:—

General.

The war has brought, to mention only one problem, the return to the profession of those teachers unfamiliar with the revised 1933 Syllabus, and who have found the change from the more formal exercises of the 1919 Syllabus very difficult. They have, however, in many cases, with the assistance of teachers' classes, and the routine visit of the Organisers and the assistance which they have given, made progress in adapting themselves to modern methods. The withdrawal of young men to the Forces has naturally had an adverse effect on much of the boys' physical training with a consequent lowering of the standard.

I. FACILITIES FOR PHYSICAL EDUCATION IN THE SCHOOLS.

Playgrounds.

An excellent scheme has been in force in the Holland area for some considerable period whereby the Council School playgrounds are repaired and resurfaced at regular intervals, and the Committee gives financial assistance to the voluntary schools towards the first provision of a satisfactory playground surface. In general, the area of playground available is satisfactory, but there are several schools where the amount of space available for play and for physical activity is far from adequate.

Playing Fields.

Most country schools have permission to use neighbouring pasture ground for school games where such pasture exists. But owing to the high value of land in the County, every available space is under cultivation and too often games cannot be included in the curriculum because there is nowhere for the children to play them. The disadvantages of pasture ground are obvious—the surface is rough and uneven and the field has to be cleaned up before play begins.

Indoor Accommodation.

Many schools both in town and country are overcrowded in normal times—the reception of evacuees has made the problem more acute—and the provision of a separate room for indoor physical training is therefore impossible. Where the Village Hall has been rented for additional accommodation, good use is made of this for physical training during winter weather. But most schools have to attempt any active work that is possible in class rooms overcrowded with heavy desks. A scheme of Physical Training lessons was drawn up by the Organisers to assist the teachers in this difficulty, and visits were paid to most of the schools to give practical help and demonstrations in the conduct of such indoor lessons. As a result of this scheme there has been a marked improvement in indoor work in bad weather, but it must be emphasised that the natural place for physical training is out of doors. Many of the Infant Schools, however, have at least one huge room fitted with light movable furniture, and this room can be cleared quickly for physical training lessons or dancing.

The shortage of good water supply for washing in many rural schools presents an acute problem. Physical education, in its widest conception, includes matters of cleanliness and hygiene. It must be stated that in respect of the provision of washing basins and satisfactory offices, many schools are extremely badly equipped.

The Gleed School, Spalding, possesses facilities in keeping with the modern standard. The generous provision of playground and playing field space (when available), the excellent halls and gymnasia, make possible a scheme of physical education that should produce a marked improvement in the general physique and bearing of the pupils. Certain re-arrangements and additions are needed even here to make provision for the drying and storing of towels and gymnastic dress.

Apparatus and Equipment.

A basic provision of balls and such small apparatus has now been made in all schools, and problems of storage have been discussed. Systematic additions on requisition are to be made and in this way each school will in time possess an adequate supply. In several schools ingenuity has been shown in improvising skittles, bats, etc. Where the children are encouraged to help in this way, they take much greater care of and pride in the apparatus.

II. THE TEACHING OF PHYSICAL EDUCATION.

Teachers in all schools have shown a real keenness to learn modern methods and to apply them in their schools. An understanding of the general principles underlying the work is being shown ; free and vigorous activity is taking the place of the stereotyped set lesson of former years. It is more difficult to teach the rhythmic exercises which are characteristic of modern work ; and group practice is still in many cases undirected and haphazard. Before children can practise a movement purposefully, they must thoroughly understand the component parts of that movement and careful teaching and correct coaching should be given to this end.

Many Teachers feel diffident about their teaching because they are unable to demonstrate the more vigorous activities. There is no need for this lack of confidence. The Syllabus work can be taught successfully by any teacher, whatever their age, provided careful preparation is made and the daily lesson is faithfully given.

The Boys' games are more satisfactory than those of the Girls' ; indeed it would be difficult to prevent boys from playing games. But the men teachers have for the most part seen to it that the Senior Boys have cricket and football of a sort. The Girls in many cases play no games at all, and often do no more than throw a netball aimlessly about the playground. The intelligent planning of the games period and scientific coaching given to the whole class will produce a marked improvement in standard. In small country schools the Senior Girls and Boys can usefully join in games such as Field Handball, whereas at present boys of from 8—14 years of age often join for football, and the older girls never visit the field.

Teachers' Courses.					No. Attended.
Long Sutton	...	...	...	...	44
Boston	...	...	...	...	126

These classes were very well attended and there has been a marked improvement in schools already in teaching technique.

Loughborough Summer School.

Two teachers, Mr. Walker and Mr. Fletcher, who had been appointed to the Gleed School, attended the course for teachers working in a Fully Equipped Gymnasium, which was taken by the County Organiser.

III. PHYSICAL STANDARD OF CHILDREN.

There has been a deplorable tendency in the past to regard the long walk to remote rural schools as sufficient exercise for the country child. It is true that a three mile walk in heavy boots is fatiguing. But such walking does not exercise the body fully ; it does not correct faulty posture, nor does it produce skilled movement, nor an alert brain—rather does it tend to destroy all these things. These children should change from their heavy boots on arrival at school to rest their feet ; the physical training lesson should be given fairly late in the morning ; it should aim at counteracting the tendency to slouch, and should be enlivening and stimulating to a degree. Most of the children earn money during the summer and can well afford to buy special plimsolls for physical training as well as shorts and shirt or blouse. Some schools can show wonderful result in this way ; in others it is common to find not one child with physical training shoes.

The posture is not good. School desks do not suit the individual child always, although replacement of older desks has gone on steadily throughout the County, until the War made provision of new desks an impossibility. The school children will not carry themselves well until they have been trained to do so in the physical training lesson and throughout the day. Posture must not be stressed for 20 minutes of the day and then forgotten—good posture is the test of the total school day. It is the outcome of a sound training in general hygiene—with attention paid to rest, air, light, clothing, nutrition, and it is the sign and symbol of an alert and active mind.

IX.—Provision of Meals.

At the time of the return in December, 1941, 283 children were receiving dinners for payment. These were provided at the Gleed School, Spalding, and have proved a great success. The number will increase as suitable arrangements are made at other Centres.

7,059 children were receiving milk or cocoa, of which number 6,806 were dealt with under the milk in schools scheme. 590 children were receiving the milk free of cost.

X.—Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

Approximately 50% of the parents were present at the routine medical inspections. Head Teachers have continued to give the utmost co-operation which is so essential in any school medical service.

The Inspectors of the National Society for the Prevention of Cruelty to Children have been most prompt in attending to cases referred to them and the following cases were dealt with by the Inspectors during the year :—

Defects of vision	...	...	...	...	4
Uncleanliness	...	...	...	...	6
General neglect	...	...	...	...	8
Other reasons	...	...	...	...	2

XI.—Special Children.

2 blind children, 6 deaf and dumb children, 1 mental defective and 2 orthopædic cases are attending special schools.

Children who, on account of their behaviour or habits are unsuitable for ordinary billets, have been accommodated in the Holgate House Hostel, Boston. The cases so dealt with were :—

Bed wetters	...	...	...	...	23
Minor ailments	...	...	...	...	10
Unruly children	...	...	...	...	6
Skin diseases	...	...	...	...	4

XII.—Secondary Schools.

The usual inspections were carried out at the five Secondary Schools in the County. Statistical tables relating to these inspections are given at the end of this report.

TABLE I.

Return of Medical Inspections.

ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

	Number Inspected
Entrants	897
Second Age Group	1113
Third Age Group	1009
Special Inspections and Re-inspections ...	3453
Total ...	<u>6472</u>

SECONDARY SCHOOLS.

Entrants	291
Pupils attaining 13 years	71
Pupils attaining 15 years	190
Special Inspections and Re-inspections ...	194
Total ...	<u>746</u>

TABLE II.

Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	6
(ii) Total number of examinations of children in the schools by School Nurses	44568
(iii) Number of individual children found unclean	807
(iv) Number of children cleansed	248
(v) Number of cases in which legal proceedings were taken	1

TABLE III.

Classification of the Nutrition of Holland and Evacuee
Children inspected during the year in the Routine Age Groups.

Age Groups	Number of Children Inspected	Nutritional Classification of Children Inspected					
		(A) Excellent		(B) Normal		(C) Slightly Sub-normal	
		No.	%	No.	%	No.	%
<u>Elementary Schools.</u>							
Entrants	897	140	15.6	700	78.0	57	6.3
Second Age Group ..	1113	187	16.9	845	75.9	81	7.3
Third Age Group ..	1009	234	23.2	705	69.8	70	6.9
Total	3019	561	18.5	2250	74.3	208	7.2
<u>Secondary Schools.</u>							
Entrants	291	65	22.3	220	75.7	6	2.0
Attaining 13 years ..	71	20	28.2	50	70.4	1	1.4
Attaining 15 years ..	190	69	36.3	120	63.1	1	.5
Total	552	154	27.7	390	70.2	8	1.4

TABLE IV.

Treatment Tables.

GROUP I.—MINOR AILMENTS.

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
	Holland Children and Evacuees		
Skin—			
Ringworm—Scalp	8	—	8
Ringworm—Body	12	—	12
Scabies	156	10	166
Impetigo	168	6	174
Other Skin Disease	143	3	146
Minor Eye Defects	157	5	162
Minor Ear Defects	105	4	109
Miscellaneous (e.g. minor injuries, bruises, sores, etc)	1422	—	1422
Total	2171	28	2199

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE AILMENTS).

Number of Defects dealt with

	Under the Authority's Scheme		Otherwise		Total	
	Element'y Schools	Secondary	Element'y Schools	Secondary	Element'y Schools	Secondary
Errors of Refraction (including Squint) ..	639	39	21	16	660	55
Other Defect or Disease of the Eyes	13	1	—	—	13	1
Total	652	40	21	16	673	56
Number of Children for whom glasses were pre- scribed and obtained ..	373	29	15	16	388	45

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects

	Received Operative Treatment			Received other forms of treatment	Total numbers treated
	Under the Authority's Scheme	By Private Practitioner or Hospital	Total		
Elementary Schools	293	3	296	10	306
Secondary Schools	7	2	9	1	10

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non- residential treatment at an Orthopaedic Clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an Orthopaedic Clinic	
Number of Children Treated	2	44	80	—	—	—	126

GROUP V.—DENTAL DEFECTS.

Number of children (including Evacuees) in Elementary and Secondary Schools who were inspected by the dentists :—

	Aged	Elementary Schools	Secondary Schools	Total
Routine Age Groups ...	5	1066	—	11352
	6	1039	—	
	7	1068	—	
	8	1234	19	
	9	1282	29	
	10	1294	76	
	11	1110	92	
	12	1021	166	
	13	913	147	
	14	292	159	
	15	—	117	
	16	—	41	
	17	—	18	
	18	—	4	
Specials		165	—	

Half-days devoted to inspection	...	...	...	...	...	416
Half-days devoted to treatment	...	...	...	...	...	835

	Elementary Schools	Secondary Schools
Children found to require treatment ...	7557	672
Children actually treated	3519	491
Attendances made by children for treat- ment	7525	532
Fillings—Permanent teeth	1922	188
Fillings—Temporary teeth	965	2
Extractions—Permanent teeth	1761	206
Extractions—Temporary teeth	6315	158
Administrations of general anæsthetics ...	1591	103
Other Operations—Permanent teeth ...	688	146
Other Operations—Temporary teeth ...	303	23



